

PLEASE NOTE:
YOU MUST
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COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION

ATTORNEY DOCKET NO.

825-120PCT

Insert Title

As a below named inventor, I hereby declare that: my residence post office address and relationship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or a joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: *

Novel anticoagulant cofactor activity

Check Box If
Appropriate —
For Use Without
Specification
Attached

the specification of which is attached hereto unless one of the following boxes is checked:

The Specification was filed on July 31, 1995 and was assigned Serial No. 08/500,917 and was amended on was filed as PCT international application number _____ on _____ and was amended under PCT Article 19 on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof, or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows:

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below:

Prior Foreign Application(s)

Insert Priority
Information
(if appropriate)

Prior Foreign Application(s)	Priority	Claimed
9300300-2 (Number)	<u>01 29 1993</u> (Month/Day/Year Filed)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9302457-8 (Number)	<u>07 20 1993</u> (Month/Day/Year Filed)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Month/Day/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Month/Day/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Month/Day/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More Than 12 Months Prior To The Filing Date of This Application:

Country	Application No.	Date of Filing (Month/Day/Year)

I hereby claim the benefit under Title 35, United States Code, §120, of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status — patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status — patented, pending, abandoned)

*NOTE: Must be completed.

O I P E J C 14
FEB 11 2004
PATENT & TRADEMARK OFFICE

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

RAYMOND C. STEWART (Reg. No. 21,066)
JOSEPH A. KOLASCH (Reg. No. 22,463)
JAMES M. SLATTERY (Reg. No. 28,380)
DONALD C. KOLASCH (Reg. No. 23,038)
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TERRELL C. BIRCH (Reg. No. 19,382)
ANTHONY L. BIRCH (Reg. No. 26,122)
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MICHAEL K. MUTTER (Reg. No. 29,680)
GERALD M. MURPHY, JR. (Reg. No. 28,977)
LEONARD R. SVENSSON (Reg. No. 30, 330)

PLEASE NOTE:
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FOLLOWING:

Send Correspondence to: **BIRCH, STEWART, KOLASCH AND BIRCH**
301 North Washington Street
P.O. Box 747
Falls Church, Virginia 22040-0747
Telephone: (703) 241-1300

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor:
Insert Name of Inventor
Insert Date This Document Is Signed
Insert Residence
Insert Citizenship

Insert Post Office Address

Full Name of Second Inventor, If any:
see above

Full Name of Third Inventor, If any:
see above

Full Name of Fourth Inventor, If any:
see above

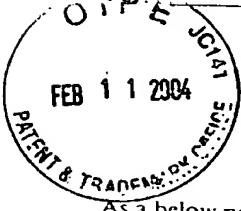
Full Name of Fifth Inventor, If any:
see above

*Note: Must be completed
— date this document is signed.

GIVEN NAME Björn	FAMILY NAME Dahlbäck	INVENTOR'S SIGNATURE 	*DATE October 10, 1995
RESIDENCE (City, State & Country) Malmö, Sweden		CITIZENSHIP Swedish	
POST OFFICE ADDRESS (Complete Street Address including City, State & Country) Plantskolevägen 10, S-216 21 Malmö, Sweden			
GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	*DATE
RESIDENCE (City, State & Country)		CITIZENSHIP	
POST OFFICE ADDRESS (Complete Street Address including City, State & Country)			
GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	*DATE
RESIDENCE (City, State & Country)		CITIZENSHIP	
POST OFFICE ADDRESS (Complete Street Address including City, State & Country)			
GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	*DATE
RESIDENCE (City, State & Country)		CITIZENSHIP	
POST OFFICE ADDRESS (Complete Street Address including City, State & Country)			

Applicant or Patentee: Björn Dahlbäck
Serial or Patent No.: _____
Filed or Issued: For Novel anticoagulant cofactor activity

Attorney's
Docket No.: 825-120PCT



VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9 (f) and 1.27 (b)) — INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9 (c) for purposes of paying reduced fees under section 41 (a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled _____ described in _____

the specification filed herewith
 application serial no. 08/500,917, filed July 31, 1995
 patent no. _____, issued _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9 (c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9 (d) or a nonprofit organization under 37 CFR 1.9 (e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

no such person, concern, or organization
 persons, concerns or organizations listed below*

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME Chromogenix AB
ADDRESS Taljegårdsgatan 2, S-431 53 Mölndal, Sweden

INDIVIDUAL

SMALL BUSINESS CONCERN

NONPROFIT ORGANIZATION

FULL NAME _____
ADDRESS _____

INDIVIDUAL

SMALL BUSINESS CONCERN

NONPROFIT ORGANIZATION

FULL NAME _____
ADDRESS _____

INDIVIDUAL

SMALL BUSINESS CONCERN

NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28 (b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1011 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Björn Dahlbäck
NAME OF INVENTOR

NAME OF INVENTOR

NAME OF INVENTOR

Signature of Inventor

Signature of Inventor

Signature of Inventor

September 15, 1995

Date

Date

Date